# FORM D

### UNITED STATES

SEC Mail Processe CURITIES AND EXCHANGE COMMISSION Section Washington, D.C. 20549

JUN - 4 2008

# FORM D

ORIGINAL 110

NOTICE OF SALE OF SECURITIES

DC PURSUANT TO REGULATION D,

SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

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OMB APPROVAL

OMB Number:

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April 30, 2008

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Name of Offering ( check if this is an amendment and name has changed, and indicate characteristic Convertible Notes and Warrants and the Capital Stock Issuable Upon Conversion of the Notes and Exer	
	ction 4(6) ULOE
A. BASIC IDENTIFICATION DATA	·
Enter the information requested about the issuer	
Name of Issuer ( check if this is an amendment and name has changed, and indicate changed Goomzee Corporation	ee.)
Address of Executive Offices (Number and Street, City, State, Zip Code) 2344 W. Kent Avenue, Missoula, MT 59801	Telephone Number (Including Area Code) (406) 542-9955
(if different from Executive Offices)  PROCESSED	Telephone Number (Including Area Code)
Brief Description of Business Interactive SMS Marketing and Advertising	
Type of Business Organization THOMSON REUTERS	
☐ corporation ☐ limited partnership, already formed ☐ other (please s☐ business trust ☐ limited partnership, to be formed	specify): 08047544
Actual or Estimated Date of Incorporation or Organization: Month Year  1 2 0 5	■ Actual □ Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviat CN for Canada; FN for other foreign jurisdic	

## **GENERAL INSTRUCTIONS**

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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## A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers;

and			
<ul> <li>Each general and managing partner</li> </ul>	of partnership issuers.		
Check Box(es) that Apply:	☑ Beneficial Owner ☑ Executive Of	ficer 🗷 Director	☐ General and/or  Managing Partner
Full Name (Last name first, if individual) Sparr, Michael			
Business or Residence Address (Number a 1821 South Avenue West, Suite 204, Missoul			
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner ☐ Executive Of	ficer Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)			
Business or Residence Address (Number a	nd Street, City, State, Zip Code)		
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner ☐ Executive Of	ficer Director	☐ General and/or  Managing Partner
Full Name (Last name first, if individual)			
Business or Residence Address (Number a	nd Street, City, State, Zip Code)		
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner ☐ Executive Of	ficer   Director	☐ General and/or  Managing Partner
Full Name (Last name first, if individual)			
Business or Residence Address (Number a	nd Street, City, State, Zip Code)		<del></del>
Check Box(es) that Apply:	☐ Beneficial Owner ☐ Executive Of	ficer Director	☐ General and/or  Managing Partner
Full Name (Last name first, if individual)			
Business or Residence Address (Number a	nd Street, City, State, Zip Code)		
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner ☐ Executive Of	ficer Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)			
Business or Residence Address (Number a	nd Street, City, State, Zip Code)		
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner ☐ Executive Off	icer Director	☐ General and/or  Managing Partner
Full Name (Last name first, if individual)			
Business or Residence Address (Number a	nd Street, City, State, Zip Code)		
(Hea blank ch	get or conviand use additional conies of	this cheet as necess	aru)

					B. IN	FORMA	TION A	BOUT C	FFERIN	i <b>G</b>				
1.	Has the is	suer sol					non-accr			this offer	ing?		Yes □	<u>No</u> ⊠
2.	What is tl	ne minin			• •	•	•	•					\$	none
	** 1740 15 0		14111 11110		u 00	иссорис		, marviac					Yes	No
3.	Does the	offering	permit jo	oint owne	rship of a	single ur	nit?	*********		***********	*********		×	
	Enter the commissi	information or single or s	ntion required remails	uested fo nuneration n associat he broker	r each pe for solic ed persor or dealer	rson who itation of or agent :. If more	o has bee fpurchase t of a broke than five	n or will ers in con- ter or dea e (5) pers	be paid nection w ler registe ons to be	or given, ith sales cred with listed are	directly of securit the SEC	or indirectly, any ies in the offering. and/or with a state ed persons of such		
Full N N/A	ame (Last	name fi	rst, if ind	ividual)										
Busine	ss or Resi	dence A	ddress (?	Number a	nd Street,	City, Sta	ite, Zip C	ode)						
Name	of Associ	ated Bro	ker or De	ealer					<del></del>					-
States	in Which	Person I	isted Ha	s Solicite	d or Inter	ids to Sol	icit Purch	asers		<del></del> -	<del></del>			-
(Ch	eck "All S	tates" or	check ir	ndividual	States)							[	J All S	States
(AL [IL] [MT [RI]	[IL] [NE]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		
Full N N/A	ame (Last	name fi	rst, if ind	ividual)										
	ess or Resi	dence A	ddress (1	Number a	nd Street,	City, Sta	ate, Zip C	ode)				•		
Name	of Associ	ated Bro	ker or De	ealer									-	
	in Which													
					•									States
[AL [IL] [MT [RI]	[IL] ] [NE]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		
Full N N/A	ame (Last	name fi	rst, if ind	ividual)	·	<del></del>		· ·						
Busine	ess or Resi	dence A	ddress (1	Number a	nd Street,	City, Sta	ite, Zip C	ode)						,
Name	of Associ	ated Bro	ker or De	ealer										
States	in Which	Person I	isted Ha	s Solicite	d or Inter	ids to Sol	icit Purch	asers						
(Ch	eck "All S	tates" o	r check ir	ndividual	States)	••••••	*******		• • • • • • • • • • • • • • • • • • • •		•••••	[	J All S	States
(AL (IL) (MT (RI)	[IL] [NE]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	(ID) [MO] [PA] [PR]		

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box   and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
Type of Security		gregate ing Price	Amo	ant Already Sold
Debt	\$		\$	
Equity	\$		\$	
□ Common □ Preferred				
Convertible Securities (including warrants)	\$	500,500	\$	165,000
Partnership Interests	\$		\$	
Other (Specify)	\$			
Total	\$	500,500	\$	165,000
Answer also in Appendix, Column 3, if filing under ULOE.				
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			<b>A</b> .	
	lnv	ımber estors	Doll	ggregate ar Amount Purchases
Accredited Investors		9		165,000
Non-accredited Investors			\$	0
Total (for filings under Rule 504 only)			\$	
Answer also in Appendix, Column 4, if filing under ULOE.				
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.				
Type of Offering		/pe of curity	Doll	ar Amount Sold
Rule 505		curity	¢	3010
Regulation A	•		¢	
Rule 504			¢	
Total				·
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
Transfer Agent's Fees			\$	
Printing and Engraving Costs				
Legal Fees			\$	2,500
Accounting Fees				
Engineering Fees				
Sales Commissions (specify finders' fees separately)				
Other Expenses (identify) Blue Sky Filing Fees			\$ \$	
Total				
rutai		🖾	\$	

	c. Of teking trice, nomber	R OF INVESTORS, EXPENS	א משוק	THE COLOT I	COCLE		
	b. Enter the difference between the aggregate of Question I and total expenses furnished in respons is the "adjusted gross proceeds to the issuer."	e to Part C - Question 4.a. Th	is dif1	erence		\$	497,000
	Indicate below the amount of the adjusted gross prused for each of the purposes shown. If the amount estimate and check the box to the left of the estimate equal the adjusted gross proceeds to the issuer set above.	nt for any purpose is not known ate. The total of the payment:	n, furi s liste	nish an d must			
				Payments to Officers, Directors & Affiliates		•	nents to hers
	Salaries and fees			\$		\$	
	Purchase of real estate			\$		\$	
	Purchase, rental or leasing and installation of m	achinery and equipment		\$	🗆	\$	
	Construction or leasing of plant buildings and fa	acilities		\$	□	\$	
	Acquisition of other businesses (including the v this offering that may be used in exchange for the another issuer pursuant to a merger)	he assets or securities of		\$	_ 0	\$	
	Repayment of indebtedness			\$	□	\$	
	Working capital			\$	×	\$	497,000
	Other (specify):			\$	□	\$	
	<u> </u>			\$	🗆	\$	
	Column Totals			\$		\$	497,000
	Total Payments Listed (column totals added)			<b>S</b> \$_		497,000	
	D	. FEDERAL SIGNATURE		·			
fol	the issuer has duly caused this notice to be signed by flowing signature constitutes an undertaking by the quest of its staff, the information furnished by the issues.	issuer to furnish to the U.S. S	ecurit	ies and Exchang	e Comm	ission, u	pon written
	ouer (Print or Type) comzee Corporation	Signature Sichul Sp	7 Oh		Date	3-3-0	98
	nme of Signer (Print or Type) ichael Sparr	Title of Signer (Print or Type) Chief Executive Officer/President	)		· · · · · · · · · · · · · · · · · · ·		



# **ATTENTION**

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)